

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553062

FILING DATE

17 SEP 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		①		/		
4		①		/		
5		①		/		
6		①		/		
7		①		/		
8		①		/		
9		R		/		
10		R		/		
11		R		/		
12		R		/		
13		R		/		
14		R		/		
15		R		/		
16		R		/		
17		①		/		
18		R		/		
19		R		/		
20		①		/		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	34	←	23	←		←
TOTAL CLAIMS	35		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						